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EDITORS.

THE YELLOW FEVER IN MEMPHIS.

From Mr. Edward F. Madden's letter in the Louisville Courier-Journal of November 10th the following extracts are made. We publish only the parts relating more especially to medicine. Mr. Madden is one of the best known and most brilliant of the younger members of the editorial profession in the West. Always veracious, graphic, and forceful, he never fails to write attractively. In this letter, in the non-medical portions of it, Mr. Madden's vivid descriptions of the horrors of yellow fever recall to one's mind DeFoe's History of the Plague in London:

In the latter part of July and the first of August a number of cases of fever occurred in Memphis, the true character of which was not known. At this time the physicians called it malarial fever. Meanwhile yellow fever, the presence of which to the Memphian is always terrifying in the extreme, had hoisted its flag in Grenada and was showing its colors in New Orleans. The commercial interests of Memphis demanded that physicians be slow, as well as sure, in giving a name to the disease which had shown itself. The responsibility of causing a panic, and the terrible exit announcement of yellow fever would occasion, were most keenly felt by physicians, and they were resolved to act with all possible wisdom. About this time a circumstance transpired which will illustrate how the steamer John D. Porter was connected with the early history of the epidemic. The readers of the Courier-Journal, in whose enterprising columns the pestilence prevailing on this ill-fated craft was first properly made known, understand in what dreadful way it was identified with fever at points above Louisville, especially at Gallipolis, Ohio. The trip of the Porter was a voyage of death resembling strongly the fancy of the poet Coleridge, whose Rime of the Ancient Mariner it is so much like. The John D.

Porter was bound for Pittsburgh, from New Orleans, and landed, some time late in July, at Vicksburg. It was here discovered that yellow fever existed on board, and the authorities summarily ordered the Porter off shore. At the same time a citizen of Vicksburg sent the following telegram to the citizens of Memphis:

VICKSBURG, MISS., July 25th.

To Sim. L. Barends, Memphis:

Tell Mayor Flippen to look out for steamer John D. Porter, ordered by authorities to leave this port to-day. She left for Memphis with several cases of yellow fever aboard.

M. TOUBE.

The Porter, on the strength of the foregoing telegram, was not permitted to land at Memphis, but continued up stream, her condition of course getting worse all the time. A few days later another boat, believed to be the Golden Crown, with fever on board, was not allowed to land at Memphis.

THE FIRST CASE.

There is much doubt as to the *first case* of fever. The statistics of the board of health report as the *first death* James McConnell, a policeman, residing upon Poplar Street. A variety of opinions was expressed by the physicians of Memphis as to the character of his fever, as well as that of several others who were sick at the same time. First impressions were not satisfactory, the yellow-fever features in these initiatory cases being so absorbed by malarial elements as to render their presence well-nigh impraisible to detect, and in all cases exceedingly uncertain. The responsibility resting upon the physicians was keenly appreciated by them, and hence their determination to be absolutely certain that their diagnosis was correct before proclaiming the presence of fever. There were some signs very different from those of former epidemics; but as the cases increased in number and in malignant type, doubt disappeared, and the existence of the dreaded Yellow Jack was no longer unknown. There is nothing satisfactory really known as to the first case, and up to the present moment of writing a proper investigation has been prevented by the rush of other business.

SANITARY CONDITION.

The sanitary condition of Memphis at this time was, taken all in all, bad. The city is devoid of

sewerage; there is much rotten Nicolson pavement, which contains more or less filth, and the soil is such as permits plentiful percolation of all sorts of fluids. The impression that the alleys and yards of the city were in filthy condition, which gained such extensive circulation in Eastern cities, is pronounced erroneous in the extreme. In this regard Memphis was as well off before the plague as any city in the Union. In addition to the probable presence of matters upon which the fever could feed itself, as above stated, there was another and greater one. Matter drained off the streets finds way into Bayou Gayoso, which pretty well encircles the city, its flow being northward. Into the bayou is drained nearly all the refuse matter of Memphis, even vaults in some sections emptying their contents into it. It is naturally a splendid drainage, but needs a constant current of water, which never exists the year out, to be rendered entirely effective in this regard. The removal of what accumulates in this bayou depends upon the freshets of the Mississippi, and during the summer it is well-nigh dried up, the sun for many days pouring its torrid rays upon the pestilential bed.

Conversing with Dr. J. W. Mitchell, medical director of the Howards as well as a medical hero of the scourge, I said to him:

"How do you account for the fever's origin?"

"It was introduced here; came by the river before quarantine was established. At first I, for one, was led astray by the symptoms, in which I noticed the absence of one feature which was an infallible indication in 1873: then the tongue was white and pointed; this time it was not so in early cases, and we were of course somewhat puzzled."

"How did the tongue look this time?"

"It was of large, flat appearance, and in color resembled Scotch snuff. The medical features of the fever I must, however, decline speaking of."

"How did the fever spread?"

"Rapidly, with a northern tendency, though once started it never stopped, and was soon every where, though the north-northeast line it pursued was where it was most malignant. There were two points of infection; one on Washington, between High and Front streets, and the other on Alabama, at the intersection of Johnson Avenue. From these points it spread with unusual rapidity, the section between the two suffering more terribly than any other. The last-named point of infection, it is believed, owes its fever to a family named Winters, who were passengers on the—I think the name is Golden Crown. This boat was not permitted to land at Memphis; but, getting above the city, relatives of this family I mention secured passage back to Memphis upon a boat coming from St. Louis. They were smuggled through in some unknown manner, and, there being fever on the first boat, they brought the infection to one point in the

city at least. Its tendency during the whole of the epidemic was to spread northeasterly; and, although after a time it forced its way in all directions, the worst of the plague was felt in the course it originally took and so terribly clung to."

"When did the Winters family reach Memphis?"

"August 1st, I think, and from this time on cases of fever occurred."

"Do you think the seed of the disease lies dormant over winter?"

"In Memphis never, and I doubt very much as to New Orleans. It comes from the Indies, and upon the quarantine of southern seaports, especially New Orleans, rests the responsibility of keeping it out."

THE TEMPERATURE.

A record of the temperature of Memphis for the first twelve days of August will be found below:

1878.	Minimum thermometer last night.	6:43 A. M.	3:43 P. M.	10:08 P. M.
August 1st.....	78	84	96	86
August 2d.....	79	83	85	79
August 3d.....	75	77	85	77
August 4th.....	74	75	90	75
August 5th.....	70	77	92	84
August 6th.....	76	80	93	83
August 7th.....	77	79	95	84
August 8th.....	75	82	96	83
August 9th.....	76	87	94	83
August 10th.....	75	81	90	81
August 11th.....	75	76	80	75
August 12th.....	71	72	79	75

THE EXODUS.

The moment McConnell's case was pronounced yellow fever by the attending physician, his professional brethren who were holding back, afraid to say what was believed, announced other cases, and the Board of Health reported deaths accordingly. An alarm spread through the community, and preparations began for the great exodus with which the country is familiar. The death list grew, and with it the fears of the community. "Yellow fever prevails in epidemic form" rang through the city, and the sale of railroad tickets north commenced with a terrible rush. It is estimated that forty thousand souls sought safety in flight, and the number is very nearly correct. The death record swelled until the latter part of September, resembling the days of the year, growing long until a certain period and then decreasing exactly as they had increased. The mortality reports of the Memphis Board of Health during the fever are necessarily inaccurate. They do not pretend to show who died in the country around Memphis, and the city list is necessarily lack-

ing, for the reason that hundreds of persons had no physician to report their deaths.

The largest list in one day shown by the record is one hundred and nine deaths. There were very many more some days, and the record can be compared to a diamond or a double triangle, the base of the two representing the greatest mortality and the ends, upper and lower, the smallest.

During the period of the plague, some forty-two hundred people died in and around Memphis. Of these twenty-four hundred and eight were reported by the Board of Health up to November 1st. The appended table will afford a fair idea of things:

Population (estimated).....	56,000
Persons who fled.....	40,000
Remaining.....	16,000
Of those who had fever, ninety per cent.....	14,400
Of those who recovered, seventy per cent.....	10,080
Total deaths (estimated).....	4,320

The preceding is estimated by the writer upon information deemed reliable. It is to be regretted that much valuable statistical information intrusted to a drunken short-hand reporter by the physicians is not available.

Dr. J. W. Mitchell says, concerning the mortality of the fever:

"From the reports of my physicians, of whom at one time there were sixty on duty, who were required to keep accounts of all cases, deaths, and persons remaining, I judge and am convinced that the estimate is very nearly correct that sixteen thousand persons remained in Memphis for the fever to feed upon. And the mortality among these was simply terrible. The Howard physicians, including many brave volunteers, took a census of all the persons in the different wards, camps, and suburbs. Upon the report of one physician who worked in a section where less cases occurred than in the other, the number taken with the fever is reckoned at 89.2 per cent. This is where the fever made its last invasion. In the section where it was first felt the per cent of persons taken down is reckoned at ninety-nine per cent of those remaining."

PHYSICIANS WHO DIED.

The following is a list of physicians who died: W. J. Armstrong, Memphis; R. Burcham, Columbus, Ohio; T. W. Bond, Brownsville, Tenn.; O. D. Bartholomew, Nashville; J. S. Bankson, Stephenson, Ala.; L. A. Chevis, Savannah, Ga.; G. R. Dawson, Memphis; F. H. Force, Hot Springs, Ark.; J. G. Forbes, Round Rock, Tex.; J. O. G. Gorrell, Fort Wayne, Ind.; L. B. Harlan, Hot Springs, Ark.; W. R. Hodges, Memphis; John B. Hicks, Murfreesboro, Tenn.; M. T. Keating, New York; Wm. R. Lowry, Memphis; W. C. Meade, Memphis; J. W. McKino,

St. Louis; T. H. McGregor, Tipton County, Tenn. T. W. Menes, Nashville; R. B. Montgomery, Chattanooga, Tenn.; P. C. Nugent, St. Louis; H. M. Pearce, Cincinnati; J. G. Renner, Indianapolis, Ind.; W. A. Robbins, Memphis; P. Tuerk, Cincinnati; R. H. Tate, Cincinnati; R. B. Williams, Woodburn, Ky.
L. P. Y.

THE BOARD OF HEALTH'S REPORT ON THE YELLOW FEVER IN LOUISVILLE.

The length of this important document prevents its entire publication in the News. It is both interesting and valuable reading, and the authorities have wisely decided to publish it in pamphlet form. Dr. E. O. Brown is a man of long and large medical experience, full of truth, courage, and devotion to his profession. The following extracts we make from his report:

Early in the season, from the fact that the winter just past had been an unusually mild one, and apprehensive that an unusual amount of sickness would likely prevail, not to say that fears were entertained that some disease might assume an epidemic form, the Board of Health adopted measures to place the city in the best sanitary condition possible; and when the yellow fever first made its appearance in the South—long before it was declared epidemic and spread over many parts of the southern portion of the country—the Board of Health had placed a large extra force on the street-cleaning department, and commenced a thorough cleaning of every part of the city. The citizens of Louisville owe a debt of gratitude to the Board of Health for the constant effort and watchful care to prevent the spread of the horrible plague that has devastated so many cities and towns. They should especially thank your Honor, Col. Edwards, and Secretary Robinson for their untiring efforts to guard the health of the city.

At a meeting of the Board of Health on the 2d of August, the subject of quarantine was fully discussed by all the members, in all its bearings upon our city. As other cities and towns south of us were quarantined against each other, it was thought by some to be advisable that we should do likewise, but after a full interchange of opinions our gates and doors were thrown wide open to those fleeing from the dreadful plague; not only so, but at this meeting of the Board of Health, long before there had been one word written or printed in our city papers protesting against a quarantine, or that it was impossible for yellow fever to originate in our city, by contact or

otherwise, the board determined to build a hospital for the admission of any refugees that might be stricken with the disease after arrival in our midst; more than this, accommodations were provided for any of the sick that could be removed from the stricken land to our city. At this meeting I was requested to have the main building on the grounds of St. John's Eruptive Hospital carefully cleaned, fumigated, and prepared for the immediate reception of any sick that might arrive before the new house could be furnished. This proved a wise precaution, for before the house was half finished patients were brought to the city and admitted into the old building.

Several cases were admitted and treated from our city (indigenous cases from the infected district), four of whom died. These cases were among the most malignant and fatal cases of yellow fever treated in the hospital, as shown by all the tests known before and after death. In all of these four cases we found in the blood and breath large numbers of active, living germs. I can safely say that if these were not cases of yellow fever, we admitted none in our hospital from the South. The names were Sebastian Jones, from Eleventh and Broadway; Maggie Shanahan, Bible Alley; J. T. Young, Eleventh and Broadway, and J. B. King, Twelfth, between Maple and Broadway. In this connection I will here say that there were fifty or more cases of yellow fever originating in what is called the infected district, bounded as follows: Beginning at the corner of Eleventh and Maple Streets, running north along the west side of Eleventh Street to the north side of Broadway; thence west to Twelfth Street; thence south with Twelfth Street to Maple Street; thence east with Maple Street to the beginning on Eleventh Street. If I am correctly informed, every indigenous case of yellow fever originated in this boundary; in all fifty or more, of which twenty-eight died, including the four deaths in the hospital above mentioned.

Opposite the northwest corner of Eleventh and maple Streets, the baggage room of the depot of the Louisville and Nashville Railroad is situated, where a large amount of baggage, movables, bedding, etc., were stored, some of which remained there for a number of days. Many of those that contracted the disease were employed in some capacity about the depot. After a careful survey of the locality and its surroundings, and a close study of the case, I am forced to the conclusion that the disease was transmitted to the inhabitants of this district by infection; and that the disease is infectious and portable I am thoroughly convinced, not only from what has transpired in this particular locality, but from a careful study of the case of the steamer Porter and her barges, which is familiar to every member of the Board of Health.

The disease surely did not originate in that particular locality from any local cause, as the streets and alleys in that portion of the city were in a much better sanitary condition at the outbreak of the disease than were a hundred other localities; and from the appearance of the first case extra labor was given in cleaning up and disinfecting the whole neighborhood until after the disappearance of the disease. It is my firm conviction that if the disease had made its appearance two or three weeks earlier in the season, we should have had a hundred cases where we had ten. There are no reasons why we should not, because during the last three or four warm days there were more cases and deaths reported than at any other period after the disease made its appearance.

I will give a short outline of the symptoms of the disease in our yellow fever hospital. The attack is generally more sudden and violent than that of malarial or other fevers which prevail here, and most frequently occurs at night. The early symptoms are sometimes ushered in by a chill, but not always; violent pain in the forehead early in the attack, soon followed by pain in the back or loins; the eyes are red and glistening, resembling glass balls; on admission the skin is frequently hot and dry, face flushed, tongue coated and red, edges indented; bowels generally constipated; there is great irregularity in the pulse and temperature, as will be seen by reference to the table of temperature and pulse, the temperature ranging from normal to 106°; the pulse from one hundred and forty down to thirty-seven beats per minute. The temperature and pulse rarely correspond; the fever is continuous; the perspiration and exhalations have a very peculiar odor, once recognized will not soon be forgotten. The odor is more like that of rotted hay than any thing else I can describe, and not as described by some writers as cadaveric.

At first the tongue is coated with a thick white coating; as the disease advances, in some cases, the tongue becomes smooth and very dry and red. The skin is generally moist in this stage and tinged with yellow, ranging in shade according to the intensity of the case. In a few cases an eruption appeared on the face and body. A large per cent of the cases have shedding of the skin, resembling, in this particular, scarlatina. The bowels are loose, the discharges very offensive and black, frequently composed of small quantities of bile and blood. The urine is highly colored, from a light yellow to color of coffee; it is generally diminished in quantity; it contains a large amount of acid. The specific gravity varies from 1.004 to 1.020. When the specific gravity is lessened, and increased secretion is set up, it is always a favorable symptom. More or less albumen is present in every case; it may not appear in some

cases for three or four days; the greater the amount of albumen the graver the case. Granular tube-casts are found in every case—the more severe the case the more of these tube-casts are found. This symptom will be found of very great service in making a prognosis in the disease; in a few cases blood is found in the urine. Irritable stomach, nausea, and vomiting are present in most cases. Black vomit is a very unfavorable symptom in this disease, though this symptom has not proved as dangerous in our hospital as is generally reported by writers. Ten cases having black vomit recovered. Retching and hiccough are troublesome and dangerous symptoms; restlessness and brain symptoms are present in a large per cent of cases. There is a hemorrhagic tendency in two thirds of the cases. In some cases there may be hemorrhage from the eyes, mouth, nose, or rectum. Yellow fever is the most uncertain, treacherous disease I have ever treated. Marked changes frequently occur in an hour or two, and should be closely watched by the physician. The diagnosis of the disease is not as readily made as might be supposed, from the striking resemblance to typho-malarial fever. Some of the unfavorable symptoms are continued irritability of the stomach, nausea and vomiting, and especially black vomit; suppression of urine; involuntary passage of feces; delirium, etc. Before death the patient becomes cold; large drops of perspiration stand on the face. It is a remarkable fact that most persons dying with this disease become perfectly resigned and oblivious to every thing about them, even to the dearest ties of relationship. After death the temperature often rises to from 110° to 112°. The body remains warm from ten to fifteen hours.

The post-mortem appearances are great yellowness of the skin, in severe cases quickly changing to bluish-black on the dependent portions of the body. The liver shows marked changes; it may be bright yellow, pale and mottled, or normal in color; in some cases it is soft and pliable, in others very tough and elastic. The liver cells show marked fatty degeneration. The gall-bladder is distended with dark, thick bile. The spleen is generally not affected; in a few cases it was enlarged and very firm. The kidneys are congested and generally enlarged. The bladder in some cases was badly congested; in others only slightly. The bowels are generally congested. The mesentary and peritoneum are congested in some cases, showing violent inflammation. The stomach is generally normal; there is no destruction of its mucous membrane, or evidence of acute inflammation. There is always more or less black vomit in the stomach.

I am persuaded that, so far as Louisville is concerned, no good can be derived from a local quaran-

tine. The only one that can avail would be a national one. I believe a national quarantine, properly and rigidly enforced, could and would accomplish the end desired.

I deem it very important to state that after the very first killing frost no new case appeared in the "infected district" in this city.

Very respectfully your obedient servant,

E. O. BROWN,

Physician in charge of Yellow Fever Hospital.

The following resolution was adopted, when the board adjourned:

Resolved by the Louisville Board of Health, That yellow fever having appeared in the southern cities, any attempt at quarantine would not only be galling and detrimental to social and commercial interests, but would also be inhuman in the extreme, and that, as agents and representatives of a Christian community, nothing is left us but to provide proper and ample hospital accommodations for such unfortunate sick as may come into our city.

L. P. Y.

Correspondence.

To the Editors of the Louisville Medical News:

The bicarb. sodæ is the antidote to bilious vomiting. Used in time it will prevent the black vomit in yellow fever. It must be used in large doses, repeated until the poison is eliminated. I have used it without a single failure, in the first disease, since the spring of 1873, here in the Arkansas swamps where this disease prevails to a great degree.

T. W. HEWITT, M. D.

MARIANNA, LEE CO., ARK.

Miscellany.

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }
WASHINGTON, November 9, 1878. }

New Orleans. There were eleven new cases of *yellow fever* and one hundred and forty-three old cases reported for the week ended yesterday evening. For the past twenty-four hours no new cases and two

deaths. Quarantine raised on the 5th inst. Total cases, thirteen thousand four hundred and six, subject to revision; total deaths, four thousand and ten.

Morgan City, La. There were eight cases of *yellow fever* and three deaths during the past week. Total cases to yesterday evening, five hundred and seventy-one; deaths, one hundred and five.

Mobile, Ala. During the week ended yesterday evening, there were thirty-five cases *yellow fever* and nine deaths. Total cases, two hundred and fifty-nine; deaths, sixty-eight.

Pass Christian, Miss. Seven new cases of *yellow fever* and one death for the past week. Total cases, one hundred and ninety-six; total deaths, twenty-one.

Ocean Springs, Miss. For the week ended yesterday noon there were four cases of *yellow fever* and no deaths. Total cases, one hundred and fifty; deaths, thirty.

Hernando, Miss. Ten cases of *yellow fever* and five deaths for the week ended November 2. No cases and one death during the past week. Total cases, one hundred and seventy-five; deaths, sixty-nine.

Dry Grove, and Lebanon Church neighborhood, Miss. Since October 19 there have been thirteen new cases of *yellow fever* and eight deaths. No new cases and but one death for the week ended November 6. Total cases, one hundred and twenty-five; deaths, fifty-two. Crystal Springs, Miss., near Dry Grove, has so far escaped the fever.

Memphis, Tenn. During the past week there were thirty-three deaths from *yellow fever*. Total deaths to the evening of the 7th, two thousand nine hundred and ninety-seven.

Chattanooga, Tenn. Nine new cases of *yellow fever* and four deaths during the past week. Total cases to yesterday evening, four hundred and forty-four; deaths, one hundred and thirty-three.

Cairo, Ill. During the two weeks ended yesterday there were eight new cases of *yellow fever* and three deaths. The last case occurred on the 4th, and the last death on

the 6th inst. Total cases, eighty-three, not including some doubtful cases. Total deaths, forty-four. Heavy frost the 8th inst.

Vicksburg, Miss. Eleven deaths from *yellow fever* occurred during the past week. No deaths during the past twenty-four hours. Six deaths during the week in the country near Vicksburg.

Delta, La. There were four deaths from *yellow fever* during the past week.

Decatur, Ala. During the week ended last evening there were eight cases of *yellow fever* and one death. Total cases, one hundred and ninety-six; deaths, forty-three.

Gallipolis, Ohio. No new cases of *yellow fever* since October 26. The last death occurred October 27. Total cases, sixty-five; deaths, thirty-seven, not including six deaths which occurred on the steamboat John D. Porter.

Key West, Fla. No *yellow fever* since October 13. The United States troops returned to Key West on the 7th inst.

Havana, Cuba. Twenty-four deaths from *yellow fever* and four from *small-pox* for the week ended November 2.

Lambayeque, Peru. For the week ended October 12 sporadic cases of *yellow fever* are reported.

Martinique. There were no deaths from preventable diseases in the Island of Martinique during the week ended October 9.

Bermuda. During the two weeks ended October 29 there were six deaths from all causes out of a population of fifteen thousand two hundred and ninety-three, including three thousand two hundred and eighteen military and naval forces. The bark Blackpool, which left Bermuda quarantine for England October 22 had three or four cases of *yellow fever* on board.

Japan and China. Dr. Simmons, Sanitary Inspector for the Japanese government for the port of Yokohama, reports, under date of October 10, that he regards the occasional reported cases of *cholera* in Japan during the past summer as *cholera morbus*, and not *malignant* or *Asiatic cholera*. On the 2d of October, however, *malignant chol-*

era broke out in Nagasaki, and in eight days there had been fifty-eight cases and ten deaths. *Cholera* has existed in Shanghai, China, for several months, and as Nagasaki is the first port of Japan entered by vessels from Shanghai, Dr. Simmons regards the outbreak as a new importation, but owing to the lateness of the season and the sanitary measures instituted by the government, he does not anticipate a spread of the disease.

Europe. In one hundred and forty-nine cities and towns of the German Empire, having an aggregate population of seven million three hundred and sixty-nine thousand and nine, there were, during the week ended October 12, five thousand four hundred and seventy births, and three thousand five hundred and thirty-nine deaths from all causes, being an annual death rate of twenty-five in one thousand of the population. Wiesbaden shows the lowest death rate, 11.2, and Chemitz the highest, 33.8. The total deaths include eighty from *enteric fever*, one hundred and twenty-seven from *scarlet fever*, and one hundred and fifty-four from *diphtheria*. No deaths occurred from *cholera*, *yellow fever*, *small-pox*, or *typhus fever*.

Vienna, Austria. During the two weeks ended October 19th seven hundred deaths are reported out of a population of seven hundred and twenty-seven thousand two hundred and seventy-one, being an annual death-rate of 25.03 per thousand of the population. The total deaths include fifteen from *small-pox*, five from *enteric fever*, eleven from *scarlet fever*, and forty-six from *diphtheria*.

Hamburg. During the week ended October 12 there were fifty-three deaths from *typhus fever*, ten from *scarlet fever*, and thirty-nine from *diphtheria* and *croup*.

Great Britain. In twenty-three large cities and towns of the United Kingdom, having an aggregate population of eight million three hundred and seventy-three thousand nine hundred and fifty-three, there were six thousand ninety-five births during

the week ended October 19, and three thousand three hundred and seventy-one deaths from all causes. In twenty-one of the cities there were fourteen deaths from *small-pox*, one hundred and eighty-four from *scarlet fever*, twenty-two from *diphtheria*, and ninety from fevers, principally *enteric*.

JOHN M. WOODWORTH.

Surgeon-general U. S. Marine Hospital Service.

ICE IN DIPHTHERIA.—Dr. Bleyne, a Professor at the Limoges Ecole de Médecine, expresses in the *Révue Médicale* of September 2d, his surprise that so many deaths should still take place from diphtheria, when a simple remedy has during the last twenty years proved almost invariably efficacious in his hands, and in the hands of several other practitioners. This is the administration of ice, the patient keeping a small piece of it in his mouth, which is replaced as soon as melted. When asleep, some is still to be inserted into the mouth, which may be done without waking the child. The relief is immediate, but the false membrane takes from two to seven days to disappear. If ice can not be got, very cold water may be substituted, giving it twenty or thirty times in the hour. While inserting the communication from so veritable a source, the editor of the *Révue* seems a little puzzled at so efficacious a remedy having made so little way in so long a period.—*Med. Times and Gaz.*

THE MORTALITY OF CHILDREN OF THE WELL-TO-DO CLASSES.—*Ibid.*: Some important tables of statistics have recently been drawn up on this subject by Mr. Charles Ansell, jr., for the National Life Assurance Society of London. In this work, entitled "Statistics of Families of the Upper and Professional Classes," published in 1874, the author shows, from inquiries made respecting forty-eight thousand and forty children of the well-to-do classes in England, including members of the clerical, medical, and legal professions, and nobility, that in the first year of life only some eighty children die per thousand born of such parents.

ENGLISH QUARANTINE. — Medical Times and Gazette: It is satisfactory to find that the government has not been unmindful of the possible consequences of the present epidemic of yellow fever in America, but has issued the following circular through the local government board to the port sanitary authorities: "I am directed by the president of the local government board to state that, in view of the epidemic of yellow fever which is now prevailing in certain parts of America, it appears to him desirable to draw the attention of port sanitary authorities in England and Wales to the possibility of the importation into this country of cases of this fever. Such experience as has hitherto been had in Europe of yellow fever, which is essentially a tropical disease, has shown that it does not spread except under very special conditions. On the rare occasions when it has extended from vessels arriving in European ports, its extension has appeared to be exclusively among persons on shipboard, or employed in the harbor, or living in the immediate vicinity; and persons who have been taken inland sick of the disease have not communicated it to others. The present outbreak, however, appears to be of so malignant a character that no care should be wanting on the part of port sanitary authorities to meet the possible contingency of the introduction into this country of a malady so fatal. In England, besides other arrangements of the nature of quarantine that are made in respect of this disease, measures of isolation and disinfection of vessels infected with yellow fever are adopted by the commissioners of customs, under the orders of the privy council, as a part of their duties under quarantine acts. Port sanitary authorities, though not themselves charged under the quarantine acts with the duty of securing this isolation and disinfection, can, on occasion, render important service to the commissioners of customs in executing these functions in regard to yellow-fever ships. In the event of any case of yellow fever finding its way, notwithstanding the precautionary measures taken by the customs,

into any English port, the action of the port sanitary authority should be the same as in the case of common infectious diseases of the country, viz: removal of the patient with all necessary precautions into a place of isolation, and the destruction or disinfection of any articles of clothing or bedding that may have been used by him. The board trusts that the port sanitary authority have already provided themselves with means of such isolation and disinfection; but if the authority have not already done so, the board would take the present occasion of again pressing upon them the importance of having such means at all times in readiness."

MEDICINE IN GREECE. — The University founded at Athens in 1837 is one of the most magnificent edifices of the capital, in which are taught theology, law, medicine, and philosophy, possesses a botanic garden and a hospital for diseases of the eye, syphilis, and accouchements. Medicine is taught there by twenty-one professors and seven substitutes, and during the forty years that have elapsed, eleven hundred and eighteen medical students have obtained their diplomas. The million and a half inhabitants of Greece may at the present time have recourse to seven hundred and ninety-seven doctors, three hundred and thirty-three pharmacists, and seven hundred and sixty-nine midwives. — *Lyon Méd.*

A ROYAL MEDICAL DABBLER. — Medical Times and Gazette: Henry VIII's state of health in the decline of his life made him a great dabbler in physic; and the king not only offered medical advice on all occasions which presented themselves, but made up the medicines himself and administered them. There is a volume extant containing a large collection of recipes for plaisters, spasmodrops (dipped plaisters), ointments, waters, lotions, and decoctions devised and made by the king himself and his physicians, applicable, perhaps, among other diseases, to that which had been imported some twenty-five years before from Naples.

AN EULOGIUM ON DOCTORS.—Union Méd., September 5th: In his report to the Académie Française on the Monthyon Prize, Professor Dumas, the distinguished chemist, thus expresses himself concerning medical practitioners, who daily furnish proofs of their humanity, courage, and abnegation: "If virtue consists in absolute devotion to duty, do we not find the most certain signs of this in the repeated traits of courage presented to our admiration by medical practitioners, interpreting the oath of Hippocrates in the most noble sense, exposing their own lives in a struggle without glory, in a combat without illusions, surrounded by patients to approach whom may be mortal? Is the danger uncertain? How numerous, on the contrary, are the examples which attest that in certain affections which are but too common it is imminent. Do you ever find a single practitioner hesitate in the accomplishment of his mission? Never! Whether they are aged and enlightened by the experience of the long past, whether they are starting on their career animated still by all the confidence of youth, whether they are living alone, which might excuse selfishness, or married and fathers of families, which would authorize prudence, they are never found to falter. Long, however, would be the list if it had to furnish the names of all these victims of professional duty, of all these practitioners 'dying in front of the enemy,' as they say at the Ministry of War."

LIBRARIES FOR HOSPITAL PATIENTS.—Gaz. des Hop.: In 1862 Dr. Ernest Godard, formerly an interne of the Paris Hospital, died at Jerusalem, a victim to his devotion to science. In his will he charged his friend Dr. Passant with the foundation of libraries for the use of the patients in three of the hospitals. His wishes have been so well carried out by his executor, and the disposition has so well responded to a real want, that his two brothers, MM. Camille and Adolphe Godard, of Bordeaux, have appealed again to the devotion and friendship of Dr. Pas-

sant, and have commissioned him to supply a library for the new Hotel-Dieu similar to those of the Charité, Necker, and Midi hospitals—a sufficient income for its maintenance having been deposited with the Assistance Publique. Much is it to be desired that the example of this generous family should find imitators, so that all the hospitals of Paris might be provided with such a beneficent institution for their patients. [A capital idea].

MUSQUITO BITES.—Thomas Conry, Staff Surgeon, R. N., in Lond. Lancet: In reference to mosquitoes, it may not be generally known that these pests have a great dislike to strong odors of oil of cinnamon or cloves. By the use of the latter, many of my shipmates in 1868 were enabled to enjoy the magnificent fishing in the Canadian rivers without getting a single bite. We were in the habit of mixing half a drachm of the oil (not the essence or spirit) with an ounce of spermaceti ointment, and smearing it over our faces and hands. Of course the application is unpleasant; but the scent is agreeable, and few would hesitate when making a choice between the two evils.

[The idea of splendid fishing "without getting a bite"!]

AMERICAN MEDICAL WOMEN.—Med. Times and Gazette: On first Wednesday in November, 1848, the first medical college for women in the world was opened at Boston. Twelve women formed the first class of female medical students. This was the small beginning of the medical education of women that has since spread so rapidly over America and Europe. The census of 1870 reports five hundred and twenty-five women doctors in the states, whereas in 1848 there was not one.

OPIUM IN JAPAN.—The draft of a new law for regulating and controlling the opium trade in Japan has been published, by which opium may be bought from and sold by licensed druggists alone.

Selections.

Stammering.—London Lancet: A pamphlet, *Du Begaiment et de son Traitement Physiologique*, by Dr. Jules Godard, although ostensibly written to bring into notice the method of treatment employed by a certain Professor Chervin, contains matter of some interest touching upon the medical history of this very common nervous trouble. It appears that Dupuytren was accustomed to recommend stammerers to adopt a method of speaking more like an operatic recitative than ordinary conversation. Itard, a French physician, devised a metal fork to be worn under the tongue. Rollier adopted the theory, highly satisfactory to the stammerers themselves, that their trouble was due merely to the fact that their vivid imaginations went too fast for the machinery which was to give utterance to their ideas. According to McCormac, the chief cause of stammering was the attempt to phonate with empty lungs, and the cure consisted in causing a deep inspiration to precede the act of speaking. Serres considered that to the respiratory trouble there was added the choreic inco-ordination of the muscles of articulation. Colombat adopted an elaborate classification of stammerers. Thus he divided them into two chief classes—(a) the labio-choreic and (b) the gutturo-tetanic. The labio-choreic admitted of four sub-classes, viz. (1) deforming, grimacial; (2) aphonic (of women); (3) loquacious with spluttering; and (4) lingual, with lisping. The gutturo-tetanic admitted six sub-classes, thus: (1) dumb; (2) intermittent; (3) choreiform; (4) canine, in which the sound emitted resembles barking; (5) epileptiform, with excess of limb-movement; and (6) idiotic. Hervey thought he saw the cause of stammering in the tongue being too short for the mouth, or the frænum too rigid. His treatment consisted in snipping the frænum or in wearing a metallic arc inside the lower dental arch, so that the tip of the tongue might be brought in contact therewith. Dieffenbach adopted the heroic measure of dividing certain of the muscles going to form the root of the tongue, and Velpeau, following in the same direction, had recourse to the division of certain muscles, and Amussat also advocated similar severe surgical measures.

The classification adopted by Godard and Chervin is as follows: (1) inspiratory stammering; (2) expiratory stammering; and (3) mixed stammering; and each of these three classes is divided into a grimacial and a non-grimacial sub-class. The method of treatment adopted by Chervin is such as common sense dictates, and such as has been in ordinary use in this country. It consists in a systematic drilling of the muscles used in phonation and articulation, the pupil being made merely to imitate the movements of

the master. The simple movements of respiration are first practiced rhythmically and systematically, and if the patient be a very bad stammerer, absolute silence is enjoined during the early days of his tuition. Then follow lessons on the simple vowel sounds, and then the rhythmical utterance of words and sentences is adopted. With many stammerers the success of this method of treatment is considerable, and we doubt not that a large proportion may be practically cured by a patient drilling of this kind. Instances are tolerably common of stammerers who have broken themselves of their unfortunate habit by systematic drilling, and in extreme cases it might be necessary to follow the graduated system advocated by M. Chervin.

Salicylic Acid in Yellow Fever.—Lond. Med. Times and Gaz.: The Berliner Klin. Wochenschrift of September 2d, publishes part of a letter written some time ago to Professor Heyden, of Dresden, by Dr. Hartwig Bünz of Savannah, and which is of special interest at a time when yellow fever is raging as it now is in the Southern States of North America. Dr. Bünz was called in August, 1876, to an epidemic of yellow fever in Savannah, state of Georgia, and after trying the stock remedies of the country—emetics, purgatives, starving, etc.—without effect, and finding that the fever was of an intermittent type, he resolved to make an experiment with salicylic acid. He gave adults a dose of one drachm and a half, either in solution, in capsules, or rubbed up in the sugar, and if the stomach rejected it he gave a double dose per rectum. The results were excellent. The temperature, which ordinarily ranged between 104° and 106° F., fell to 100° or to 100.5°, and in many cases to 99°, and the pulse from 120, or higher, to about normal; and of one hundred and seventy-nine patients thus treated, of both sexes and of all ages, *only four* died. Dr. Bünz made the observation that the patients treated with salicylic acid complained far less of pains in the spine and limbs than those treated with quinine, and he himself, when afterward laid up with the fever, and taking a large dose of salicylic acid very early in the attack, can not remember that he suffered from these pains. He regards the acid as the most powerful antipyretic against yellow fever, both of the intermittent and remittent type, but has no experience of it in the continuous form, over which, as is well known, quinine exerts very little, if any, influence.

Salicylic Ointment.—Salicylic acid three parts, alcohol six parts, and fresh lard thirty parts. This is useful in wounds in which cicatrisation is tedious, and in which stimulation and disinfection are required. It is also of service in eczematous affections of the face.—*Union Méd.*

On Membranous Croup and Diphtheria.—Report of committee, Royal Medical and Chirurgical Society, in London Lancet:

Dr. Andrews (Hon. Medical Secretary), read the report of the scientific committee appointed to examine into the relation existing between the diseases commonly known respectively as membranous croup and diphtheria, of which the following is a summary of conclusions:

1. Membranous inflammation confined to, or chiefly affecting the larynx and trachea may arise from a variety of causes, as follows:

(a) From the diphtheritic contagion. (b) By means of foul water, or foul air, or other agents, such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of contagion can not be determined). (c) As an accompaniment of measles, scarlatina, or typhoid, being associated with these diseases, independently of any ascertainable exposure to the especial diphtheritic infection. (d) It is stated, on apparently conclusive evidence, although the committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea may be produced by various accidental causes of irritation, the inhalation of hot water or steam, the contact of acids, the presence of a foreign body in the larynx, and a cut throat.

2. There is evidence in cases which have fallen under the observation of members of the committee, and are mentioned in the tables appended, that membranous affection of the larynx and trachea as shortly followed exposure to cold, but their knowledge of the individual cases is not sufficient to exclude the possible intervention or co-existence of other causes. The majority of cases of croupal symptoms definitely traceable to cold appear to be of the nature of laryngeal catarrh.

3. Membranous inflammation, chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an influence, epidemic or of other sort, which in other persons has produced pharyngeal diphtheria.

4. And, conversely, a person suffering with the membranous affection, chiefly of the air passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic.

The Therapeutical Action of Digitalis.—Rev. Scientifique: Professor Teissier, of Lyons, in a communication to the French Association, observed that notwithstanding so much has been written on the subject, great uncertainty exists as to the employ-

ment of this remedy in heart disease. While some reserve its use for mitral lesions, others make it out to be the remedy *par excellence* in affections of the aorta. Under the influence of M. Bouillaud, it used to be regarded as exclusively sedative, while more recently it is said by stimulating the nerves of the heart to increase arterial tension—Prof. Gubler declaring that it is not the "opium," but the "cinchona" of the heart. After a clinical experience of thirty-five years, Prof. Teissier has come to the conclusion that there are few affections of the heart in which it is not a suitable medicine, and that it becomes in turn sedative or stimulant, according to the condition of the heart. He does not regard either hypertrophy or aortic affections as contraindicating its employment; and as to the diseases of the right side of the heart, they can but benefit by a remedy which both increases the *vis a tergo* and increases the nervous circulation. Prof. Gubler observed that digitalis is truly a tonic of the heart, although its tonic action may be only indirect. The cases in which it succeeds best are those where the cardiac disorders are most considerable, the increased energy being accompanied by debility of the organ. Every one is aware that, as regards force, there is a great difference between the impulse of the heart and the arterial pulse, all having seen cases wherein, while the heart beats violently, the pulse remains small and feeble. It is in such cases that tonic action is advantageous, digitalis proving useful when the cardiac action is the dominant feature. The true contraindications are found in the fundamental feebleness of the heart and irregularities of rhythm—what may be termed cardioplegia. Prof. Gubler considers that sphygmographic tracings are highly deceptive, the positions of the instrument with relation to the artery entirely changes their character.

Electro-Puncture in Aneurism of the Aorta.

—Drs. Dujardin-Beaumetz and Proust read a memoir at the recent meeting of the French Society for the Advancement of Science, in which they state that, as the result of the employment of electro-punctures in six cases of aneurism of the aorta, they are enabled to conclude that Ciniselli's procedure, as they have modified it, has become a simple operation unattended with danger, and constitutes an efficacious and rational mode of treatment. In one case described by Dr. Proust, the patient having died from hæmorrhagic infiltration of the lungs, it became possible to show that a thick layer of fibrinous coagula existed in the portion of aneurismal sac where the needles had been applied. This case showed that electro-puncture could be successfully practiced in patients whose general condition was a very grave one; that the coagula were deposited at the point of application of the positive pole; and that M. Gaiffe's

improved instrument should be employed. M. Teissier observed that several experiments which he had performed corroborated the above conclusions, for he had found sphacelus produced in the arterial wall at the point of application of the negative pole, while several accidents arose during the application. But the application of the positive pole never gave rise to any accident, so that Drs. Dujardin and Proust have good reason for modifying Ciniselli's procedure by employing only the positive pole as the active agent, applying the negative one to a moistened plate with a broad surface placed at a distant part of the body.—*Gaz. Hebdom.*

The Diagnosis of Acute Miliary Tuberculosis.—From Dr. Litten, of Berlin, in the *Med. Times and Gazette*: The diagnosis of miliary tuberculosis must depend on a consideration of all the phenomena present, and not on any one symptom. Irregular fever, rising high from the outset, and accompanied early with bronchitis and cough, considerable increase of respiratory frequency, with cyanosis, rapid wasting and loss of strength, with perhaps an eruption of herpes on the lips, would favor the idea of its existence, especially in a person with old disease of the apices of the lungs. If no roseola appears at the end of the first week, and diarrhea, meteorism, and ileo-cæcal tenderness are absent, the probabilities are still more in favor of acute tuberculosis; and, still later, the absence of bedsores, so frequent in typhoid, would further strengthen the diagnosis. Dr. Litten calls attention to the occasional difficulty of distinguishing between diffuse bronchitis in elderly persons with emphysema, and miliary tuberculosis, at any rate at first. The chief difference between them consists in the abundance of the physical indications of catarrh (rales), and of the sputa, which is early met with in diffuse bronchitis. Miliary tuberculosis runs its course in two to eight weeks. The prognosis is almost absolutely fatal, and only when a case recovers in which choroidal tubercles have been observed with certainty *intra vitam*, will it be possible to affirm that the disease is ever cured. Therapeutic measures can only be directed, in our present hopeless state of ignorance, to reducing the fever and alleviating the bronchial catarrh.

Vomiting after Operations.—*Gaz. Hebdom.*: Prof. Verneuil, at a meeting of the Surgical Society of Paris, made some observations on the occurrence of obstinate vomiting after operations and wounds. He did not allude to vomiting that might be dependent on eating too soon afterward, impure chloroform, regurgitation of the saliva, etc. In the cases he has in view, the patients vomit saliva, bile, or ingested substances without apparent cause; they become fatigued and anxious, and dare not eat or drink; while the efforts

in vomiting sometimes induce oozing of blood from the wound. Prof. Verneuil meets with three or four such cases in his wards annually. This form of vomiting seems especially to occur in "alcoholics," as also in subjects of disease of the liver and kidneys, and in persons of bad digestion. The prognosis in these cases is not usually very serious, though sometimes may cause uneasiness. Ice has been given with success, and in some cases morphia injections arrest the vomiting. It is of importance that the patients should be nourished; but wine, as well as milk, is badly tolerated. What succeeds best is ice, mucilaged and alcoholised water, and pepsine, in the dose of fifteen grains morning and evening. Prof. Verneuil's object is to show that the cause of obstinate vomiting after operations is an anterior dyspeptic condition, and that frequently there are alterations in the internal organs, chloroform only playing quite a secondary part in the production of vomiting.

Sweating in Phthisis.—*Union Medicale*: Dr. Cérenville, Senior Physician of the Lausanne Hospital, states that from frequent use of the sulphate of atropia (one milligramme as a dose given in the evening) in the sweating of phthisis, he can corroborate the good opinions of its efficacy published by Drs. Fraentzel and Williamson. He generally finds that the first dose diminishes the sweating, while after the second or third dose it becomes arrested.—*Révue Médicale*, September 23d. Prof. Germain Sée prescribes five grammes of tannic acid and one gramme of alcoholic extract to be made into forty pills, of which eight are to be taken daily. Prof. Potain prescribes from six to eight grammes of the phosphate of lime daily.

At a late meeting of the Obstetrical Society of London, October 2d, Dr. Herman exhibited a child showing one of the possible results of the use of the forceps. A little behind the right frontal eminence was what felt like an irregular gap in the bone about two inches long by about half an inch wide. This was occupied by a pulsating swelling. The superficial veins in the neighborhood were larger than on the opposite side. Running obliquely across the skin over its lower part was the scar of a laceration, which, according to the medical man in attendance, had been undoubtedly caused by the forceps. The child's mother said that a piece of bone had subsequently come away from the wound.

A Local Anæsthetic.—*Dental Cosmos*: R. Pulverized camphor, ʒvi; sulphuric ether, ʒi. Apply to the gums surrounding the tooth to be removed, with a pledget of cotton moistened with the preparation, until the gums turn white, when the tooth can be extracted with very little pain.